

Case Number:	CM14-0156309		
Date Assigned:	09/25/2014	Date of Injury:	08/27/2011
Decision Date:	10/27/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/24/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49-year old male who figured in a work-related accident on August 27, 2011. It was indicated that he was hurt at work when he was kicked by a cow in the right knee. He was diagnosed with (a) Achilles tendon contracture, left leg, (b) pes cavus deformity, left foot and (c) chronic peroneal tendinitis, left leg with peroneal brevis tear. He was 6-months status post left pes cavus reconstruction and peroneal tendon repair. Treatments to date include surgery, physical therapy, aquatic therapy and medications. In a progress note dated August 20, 2014 it was indicated that the injured worker continued to have pain in both knees, particularly on the left. With regard to his foot, he still has difficulty walking with a regular shoe and he utilizes a cam boot and a knee walker. He indicated that when he puts weight in a regular shoe, it hurts as he dorsiflexes his ankle and midfoot. He ambulated with a shortened, antalgic, apulsive gait on the left. Surgical incisions were well-healed and the arch looks good. There were no signs of infection noted. He was unable to really toe-off his left leg. X-rays that were obtained showed a consolidating dorsiflexion closing wedge osteotomy of the first metatarsal and consolidated lateral displacement calcaneal osteotomy. He was recommended to undergo physical therapy, two times a week for six weeks working on strengthening, range of motion, proprioception and gait training. This is a review of the requested additional 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

12 sessions of Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The medical records received have limited information to support the necessity of the additional 12 sessions of physical therapy at this time. Based on the medical records, the injured worker had already underwent 24 post operative physical therapy sessions as well as 6 out of 12 authorized sessions of aquatic therapy with minimal and temporary pain relief as he continued to complain of significant pain in his bilateral knees, especially on the left and difficulty performing movements involving his feet. Referencing the evidence-based guidelines, it was stated that providers should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less) plus active self-directed home physical medicine. In this injured worker's case, as it can be noted in the medical records that there was improvement after being provided with the authorized physical therapy and aquatic therapy, it is more appropriate and necessary to transfer him to a home-based exercise program as he has been provided with the recommended maximum number of visits as set forth in the guidelines.